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AF/1632/8

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PTO/SB/21 (08-00)

Approved for use through 10/31/02 OMB 0651-0031

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TRANSMITTAL FORM

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Total Number Of Pages In This Submission

| | |
|--|-----------------------|
| Application Number | 09/160,076 |
| Filing Date | September 24, 1998 |
| First Named Inventor | David W. SCOTT |
| Group Art Unit | 1632 |
| Examiner Name | M. Wilson |
| | RECEIVED |
| | APR 03 2003 |
| | TECH CENTER 1600/2900 |
| Total Number Of Pages In This Submission | 5 |
| Attorney Docket No. | 308072000110 |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form - in duplicate | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

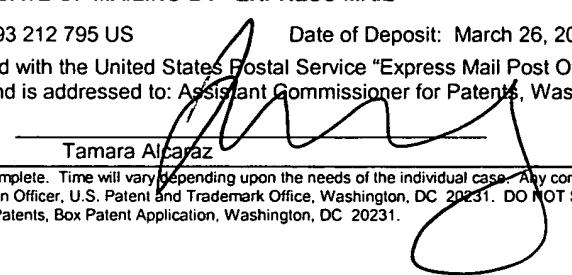
| | |
|-------------------------------|--|
| Firm or Individual Name | Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304 Cara M. Coburn (Reg. No. 46,631) |
| Signature |  |
| Date | March 26, 2003 |

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Tamara Alcaraz

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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Complete if Known

Application Number 09/160,076

Filing Date September 24, 1998

First Named Inventor David W. SCOTT

Examiner Name M. Wilson

Group Art Unit 1632

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APR 03 2003

TECH CENTER 1600/2900

TOTAL AMOUNT OF PAYMENT

(\$625)

Attorney Docket No. 308072000110

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

03-1952

Deposit Account Name

Morrison & Foerster LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------|-----------------|----------------|-----------------|------------------------|----------|
| 1001 | 750 | 2001 | 375 | Utility filing fee | |
| 1002 | 330 | 2002 | 165 | Design filing fee | |
| 1003 | 510 | 2003 | 255 | Plant filing fee | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES

| Total Claims | Independent Claims | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------|----------------|------------|
| 10 | 1 | -50** = | 0 | x 9 = \$0 |
| | | -3** = | 0 | x 42 = \$0 |

Multiple Dependent

140

= \$0

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|----------------|-----------------|----------------|-----------------|---|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 |
| 1203 | 280 | 2203 | 140 | Multiple dependent claims, if not paid |
| 1204 | 84 | 2204 | 42 | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$0)

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$625)

** or number previously paid, if greater; For reissues, see above.

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Complete (if applicable)

| | | | | | |
|-------------------|----------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Cara M. Coburn | Registration No. (Attorney/Agent) | 46,631 | Telephone | (650) 813-4218 |
|-------------------|----------------|-----------------------------------|--------|-----------|----------------|

Signature

Date March 26, 2003

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